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Bib Data Sheet

CONFIRMATION NO. 2902

SERIAL NUMBER 10/605,903	FILING OR 371(c) DATE 11/05/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 138162
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**** CONTINUING DATA *******

(NONE) PS

**** FOREIGN APPLICATIONS *******

(NONE) PS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	NH	10	64	5

ADDRESS

23413

TITLE

CARDIAC IMAGING SYSTEM AND METHOD FOR QUANTIFICATION OF DESYNCHRONY OF VENTRICLES FOR BIVENTRICULAR PACING

FILING FEE RECEIVED 1734	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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